

Judicial Review

Acknowledgment of Service

Name and address of person to be served

Name

Address

In the Upper Tribunal Immigration and Asylum Chamber	
Upper Tribunal Ref. No.	<input type="text"/>
Applicant(s) <i>(including ref.)</i>	<input type="text"/>
Respondent(s)	<input type="text"/>
Interested Parties	<input type="text"/>

SECTION A

Tick the appropriate box

- | | | |
|--|--------------------------|-----------------------------------|
| 1. I intend to contest all of the claim | <input type="checkbox"/> | → complete sections B, C, D and E |
| 2. I intend to contest part of the claim | <input type="checkbox"/> | |
| 3. I do not intend to contest the claim | <input type="checkbox"/> | → complete section E |
| 4. The respondent is the Immigration and Asylum Chamber of the First Tier Tribunal and intends to make a submission | <input type="checkbox"/> | |
| 5. The respondent is the Immigration and Asylum Chamber of the First Tier Tribunal and does not intend to make a submission | <input type="checkbox"/> | |

SECTION B

Insert the name and address of any person you consider should be added as an interested party.

Name

Address

Telephone no. Fax no.

E-mail address

Name

Address

Telephone no. Fax no.

E-mail address

SECTION C

Summary of grounds for contesting the claim. If you are contesting only part of the claim, set out which part before you give your grounds for contesting it.

SECTION D

Give details of any directions you will be asking the Upper Tribunal to make, or tick the box to indicate that a separate application notice is attached.

It is hereby certified that the application for permission to apply for judicial review falls within the jurisdiction of the Upper Tribunal (IAC), pursuant to the Consolidated Direction given by the Lord Chief Justice of England and Wales, in accordance with Part 1 of Schedule 2 to the Constitutional Reform Act 2005 and s.18 of Tribunals, Courts and Enforcement Act 2007.

SECTION E

**delete as appropriate*

*(I believe)(The respondent believes) that the facts stated in this form are true.

*I am duly authorised by the respondent to sign this statement.

(if signing on behalf of firm or company)

Position or office held

(To be signed by you or by your solicitor or litigation friend)

Signed

Date

Give an address to which notices about this case can be sent to you

Name

Address

Telephone no.

Fax no.

E-mail address

If you have instructed counsel, please give their name address and contact details below.

Name

Address

Telephone no.

Fax no.

E-mail address

Completed forms, together with a copy, should be lodged with the Upper Tribunal Immigration and Asylum Chamber, Field House, 15-25 Breems Building, London EC4A 1DZ within 21 days of you being provided with a copy of the claim form and accompanying documents by the Appliant and further copies should be provided to the Applicant(s), any other Respondent(s) and any interested parties at the same time.

For information, see <https://www.gov.uk/courts-tribunals/upper-tribunal-immigration-and-asylum-chamber>